

PART B - FEE(S) TRANSMITTAL

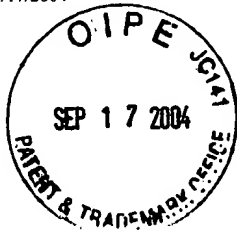
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7590 06/17/2004
Bradley T Sako
3954 Loch Lomand Way
Livermore, CA 94550



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BRADLEY T. SAKO

(Depositor's name)

Bradley T. Sako

(Signature)

SEPTEMBER 13, 2004

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/621,717	07/24/2000	Bo Jin	CY-0013	6438

TITLE OF INVENTION: STRUCTURE AND METHOD FOR MONITORING A SEMICONDUCTOR PROCESS, AND METHOD OF MAKING SUCH A STRUCTURE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$0	\$1330	09/17/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
THOMAS, TONIAE M	2822	438-014000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 BRADLEY T. SAKO

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

CYPRESS SEMICONDUCTOR CORPORATION

SAN JOSE, CA

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee☐ Publication Fee☒ Advance Order - # of Copies 2

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☒ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-2087 (enclose an extra copy of this form).

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(Authorized Signature)

(Date)

SEPTEMBER 13, 2004

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02 FC:8001

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